

<b>FEDERAL EMERGENCY MANAGEMENT AGENCY</b> <b>FORCE ACCOUNT LABOR SUMMARY RECORD</b>											Page                      of			
1. APPLICANT				2. PA ID NO.				3. PW NO.				4. DISASTER NUMBER		
5. LOCATION/SITE								6. CATEGORY				7. PERIOD COVERING		
8. DESCRIPTION OF WORK PERFORMED														

  

EMPLOYEE NAME	DATE	DATES AND HOURS WORKED							COSTS				
		YR-200_								TOTAL HOURS	HOURLY RATE	BENEFIT RATE (%)	TOTAL RATE
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
NAME	REG.								0	\$ -	0	\$ -	\$ -
JOB TITLE	O.T.								0	\$ -	0	\$ -	\$ -
<b>DAILY TOTAL HOURS</b>		0	0	0	0	0	0	0	<b>TOTAL COST FOR REGULAR TIME =</b>			<b>\$ -</b>	
<b>TOTAL COST FOR FORCE ACCOUNT OVERTIME =</b>												<b>\$ -</b>	

  

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, M OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.		
CERTIFIED	TITLE	DATE